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LECTURES OF M. VALLEIX ON DISPLACEMENTS OF THE UTERUS.

TRANSLATED FROM THE FRENCH BY L. PARKS, JR., M.D.

NUMBER II.

GENTLEMEN,—Having explained the reasons which have prevented uterine displacements from receiving all the attention they merit, it now becomes my duty to bear witness that they have not been *entirely* ignored by authors till within the last few years, and to lay before you the state of science upon this point.

Historic Sketch.—From all time, as I have before stated, obstetricians have, as a matter of necessity, in consequence of the severity of the symptoms, described displacements produced during pregnancy. But there is so great a difference between displacements during gestation, and those which manifest themselves in the non-pregnant state, that, as well for purposes of study as for those of treatment, these two states should be distinctly separated from each other.

M. Ameline in a very valuable thesis, containing highly useful information on the subject of anteversion, has, like ourselves, examined the history of the question, and has presented it in a very complete manner.

In order to trace the first notions on the subject of displacements of the uterus, we must go back to Hippocrates. And yet, his expressions are so vague, that the question may be entertained whether or not he really has these affections in view. I proceed to cite the principal passages in which he seems to allude to them, in order that you may judge for yourselves.

In the book "*De morbis mulierum* (edente Foësius, p. 153) he says, "*Postquam igitur mulieri quæ nunquam peperit, menses delitescunt neque foras exitum evenire possunt, hic morbus oritur. Id autem contingit si uterorum os conclusum aut obtortum fuerit, aut pudendi pars aliqua inversa, horum enim alterum si adfuerit, neque mulier viri consuetudine fruatur.*"

This phrase has been believed to refer to uterine displacements, although there are but two expressions which can justify such a supposition; viz., "*os obtortum*" and "*aut pudendi pars aliqua inversa.*" By the first of these two expressions, he evidently designates a torsion of the cervix obstructing the flow of the menses. But, remark the

vagueness of the term "*pudendi pars aliqua*"—a term applicable to any portion of the genital organs. You perceive, however, that it is the non-impregnated uterus which is in question, since, in fact, the subject under discussion is that of women who have not yet borne children.

The second passage, occurring in the book "*De natura muliebri* (edente Van der Linden, op. omn., v. ii., p. 161)," is a little more explicit and is thus conceived:—"Si uteri ad *medium lumborum processerint*, dolor inum ventrem habet, et crura contrahuntur; et quum *alvum exonerat* dolores acutiores fiunt; et *stercus cum vi prodit et r-rina distillat* et animo linquitur. Quum sic habuerit fistula ad vesicam alligato uteros sufflato et fomentum adhibito."

Further on, he says—"Morbo autem liberabitur ubi conceperit; *supina etiam pedibus altioribus* decumbat; postea *appositas spongiarum* ex lumbis religato mulier os uterorum corrigat, et dirigat, et suffumigatio adhibeat."

The meaning of "*ad medium lumborum processerint*" is not perfectly clear, unless allusion be made to one of those peculiar movements, which, in the opinion of the ancients, the uterus could execute in the abdominal cavity. But, when Hippocrates speaks of *severe pains in defecation*—of *frequent micturition*—I am much inclined to believe that he wishes to designate a lesion of the uterus approaching to displacement. Meanwhile, I am not quite sure that he had not rather in view the pregnant, than the non-pregnant state, and I ask myself, also, if he has not, instead of displacements, simply described an inflammation of one of the tissues in the neighborhood of the uterus. These inflammations which I have several times had occasion to mention to you in these lectures, having for their principal seat the cellular tissue about the uterus, produce the symptoms of which Hippocrates speaks. Only, these symptoms are more marked on the side of the rectum, if the seat of the inflammation is in the posterior region, whilst if it is in front, or upon the sides, it is the bladder which suffers the most. You perceive, at all events, that for these cases, whatever they may be, he proposes particular modes of treatment. I limit myself to pointing out to you, the *elevation of the lower limbs and of the pelvis*, which has also been latterly advised by Mr. Gerdy; and the sponges which he places (he does not explain himself very categorically in this respect) behind or in front of the cervix uteri. In regard to the fumigations, I do not dwell upon them, inasmuch as they have no interest for us.

Arriving at Aetius we find a more explicit description, and one which fully satisfies us that he had recognized displacements of the uterus. In his "*Tetralogy*," ch. 77, he thus expresses himself—"If the inclination of the uterus takes place posteriorly or inferiorly, there follow a numbness and trouble in the lower limbs. Sometimes, even, movement is entirely impossible, or provokes insupportable pains, while constipation becomes so obstinate, that injections cannot pass the rectum except the patient kneel. Gas, even, cannot be discharged. The pains augment when the patient is seated, especially if the inclination takes place towards the pubis. The lower portion of the belly and of the hypogastrium become swollen and painful, and sometimes there is retention of urine."

After this very precise enumeration of the principal symptoms, if we could retain doubts of the nature of the affection he wishes to describe, the mechanical treatment which he proposes would dispel them, as he adds, "whatever the mode of inclination, it must at first be treated as an inflammation or exacerbation of the uterus. If the malady persists, we must *remedy the displacement*. We recommend to the midwife to introduce the *finger into the rectum*, and to place there a *bougie* as a permanent support."

This passage refers very evidently to displacements of the uterus. But it is probable that the author had in mind displacements which are produced during pregnancy, the symptoms he describes being in fact so intense that it seems scarcely possible to refer them to displacements of the non-impregnated uterus. The same inference is to be drawn from the treatment, since it is principally in the displacements which occur in pregnant women, that recourse is had to this manœuvre, which consists in replacing the uterus by means of the finger introduced into the rectum. As to the means recommended for maintaining the uterus in place, it seems to me that the word "*bougie*" does not perfectly translate the expression "*glandeam*," employed by the author; and, to be more than probable that he meant to designate by that expression a *tampon* of a certain volume. I point out this fact, because the same means have been resorted to by M. Huguier in our time.

We observe, further, in relation to the species of displacement, that the symptoms described by Aetius refer particularly to *retroversion*, although, in a certain place, he describes phenomena existing on the side of the bladder and of the hypogastrium, in consequence of the inclination of the womb toward the pubis. But, is he speaking here of anteversion, or simply of the pressure exerted in front by the cervix, in consequence of the movement impressed upon it by the backward inclination of the fundus? Details are wanting to enlighten us upon this point.

Ambrose Paré has also taken up the question of abnormal positions of the uterus, but, far from teaching us anything new, he causes us, believing as he does in the migrations of the uterus within the abdomen, to fall back amid the vague notions where we found ourselves before reading the passage of Aetius which I have just cited to you. You will find the passage to which I allude in vol. 2d of his "*Œuvres Complètes*" (Paris, 1841, édit. Malgaigne, p. 752).

Among the authors who more recently have occupied themselves with these affections, I will cite Morgagni, who in letter 46, §16, reports a case of displacement caused by an engorgement of the liver and spleen. Then comes Levret (*Journ. de Méd. de Vandermonde*, 1773), who in his capacity of obstetrician occupies himself particularly with displacements during gestation, without, however, neglecting these affections in the non-pregnant state, as he is one of the first, who, since Hippocrates, has recognized the existence of retroversion in the virgin. It was at this epoch that a discussion commenced, which has continued till our time, upon the possibility of uterine displacements apart from gestation. Jahn (*Silog. oper. minor, etc.*; quam curavit D. J. T. C. Schtigel, tome i., p.

612; cited by M. Lacroix, Ann. de la chir. franc. et étrang., tome xiii., page 420 et seq., 1845) has asserted that complete retroversion cannot exist except in pregnant women; and other authors have supported this opinion. But, to-day, there can no longer be any doubt for those who have examined patients, and it will suffice for you to pass a few minutes in our wards, in order to establish the existence of a number of cases of uterine displacement in the non-impregnated uterus. William Schmitt (Remarques et expér. sur la rétrov. de l'utérus * * * Vienne, 1820) has reported numerous examples of them. His observations have been since cited by several authors, especially by M. Lacroix. After his paper, we find a number of works, of which it will be sufficient for me to cite the principal. These are an important treatise by M. Martin the younger, of Lyons (Mém. sur la rétrov.); the theses of M. Bazin (De la rétrov., 1827), and numerous articles scattered among the different treatises on obstetrics.

Thence, we enter upon a period during which these diseases have been studied in a more fitting manner, and with all the care that they merit. It is difficult, even at the present time, to add anything to the description of the symptoms which was given in 1827 by M. Ameline (Essai sur l'antéversion de l'utérus * * * *). In his thesis on anteversion, that author admits two degrees of derangement according as the uterus occupies a position entirely horizontal, or, on the contrary, lies with its fundus lower than the cervix, in such a manner that the latter being closely invested (coiffé) by the posterior *cul-de-sac* of the vagina, there may be retention of the uterine mucus, and even of the menses. Admitting fully the existence of the first degree, I must say that the second is at least extremely rare—having, for my part, never met it. I have often seen the cervix situated in the same horizontal plane as the body, having its opening directed backward, and situated high up so as to be very difficult to reach with the finger, but not more elevated than the body.

More than this, M. Ameline was the first to describe and to give its name to *anteflexion*. He also proposed the name of *retroflexion*, doubtless, however, from the expression of John (Diss. de utero retroflex, 1787), a denomination which has also passed into general use.

M. Lacroix having occasion to treat the question of uterine displacements as a subject of a thesis in a *concours*, engaged in researches which he has since continued, and the results of which he published in 1845 (loc. cit.). This work contains more numerous historical references than that of M. Ameline, and, in addition, observations borrowed from other authors. But, although the title of his book was "*anteversion and retroversion of the uterus*," he confines himself almost entirely to retroversion, a detailed description of which is followed by general remarks. Mad. Boivin and M. Dugès (Traité pratique des Maladies de l'Uterus, p. 136) have furnished interesting cases which have been borrowed by other authors. Finally, M. Hervez de Chégoin (Mém. de l'Acad. Roy. de Méd., v. ii., p. 319, 1833) has published a memoir followed by several articles, in which he treats of the different uterine deviations, and proposes a particular mode of treatment.

Such was the state of science on this subject, when, in 1843, Prof. Simpson, of Edinburgh, published his first paper treating of displacements of the uterus (*Contributions to the Pathol. and Treat. of Diseases of the Uterus*; the Lond. and Edin. Monthly Journal, v. iii.). It is only very incidentally that he speaks of these diseases, because, considering the question from the most general point of view, the author is occupied chiefly with the diagnosis of diseases of the uterus, and with the employment of the sound as a means of exploring this organ.

This work is divided into two parts, the first containing a series of propositions tending to demonstrate the utility of physical means, and of the sound in particular, for the exploration of the uterus. This part concerns us little, and will even seem to you idle. But you must recollect that Dr. Simpson practices in a country where these means of exploration were, till of late, but little used; where even the question has been agitated of rejecting them entirely as immoral. And you are not unacquainted with the excessively warm and personal discussion which Dr. Bennet has had to sustain upon this subject. It is not then astonishing that Prof. Simpson felt obliged to commence by combating these prejudices. The second part is devoted to the description of the uterine sound, and to the demonstration of its utility. The sound that I present to you is that which he has described and employed. I do not know whether or not he has since accepted the modifications to which it has been subjected in order to reduce this excessive curvature. It is divided into inches and half inches English, and presents prominences and depressions at determinate distances, to enable the finger to recognize the length to which the sound has penetrated into the cavity of the uterus, without the necessity of withdrawing it for that purpose from the vagina. The first prominence is situated at five inches English from the point of the sound, there being between these two points a depression situated at the distance of two and a half inches from each. The utility of this instrument will be perfectly demonstrated to you, when we come to speak of the diagnosis of displacements of the uterus.

In this first paper of Prof. Simpson, there is no mention made of his instrument for the complete replacement of the uterus, nor of the radical cure of displacements. It was not till 1848 that he published a new paper "upon the frequency, the diagnosis and the treatment of retroflexion or retroversion of the non-impregnated uterus," (*Dublin Quarterly Journal*, vol. v.). He allows no distinction between retroflexion and retroversion, which, according to him, are merely different degrees of the same disease separated by shades very slightly perceptible. I shall recur at a future time to this opinion, which has some foundation, but which I do not entirely share, because, if it be admitted to the full extent, there would be less perspicuity in the description of the diseases under consideration; and because, on the other hand, there exists some difference in the symptoms according as there is a simple retroversion or a retroflexion, although this difference may disappear little by little and by slight shades in the series of cases which unites each of the two extremes.

As to anteversion, we have only, according to Prof. Simpson, to apply to that, what has been said upon retroversion. This might be admissible if we had regard only to the deviation of the axis of the uterus. But, the organs which may be compressed not being precisely the same in the two cases, there results often a difference in the symptoms. Without doubt, the treatment is the same, although here again in its application there are important shades of difference to seize, since if they be neglected our success may be thereby compromised.

Prof. Simpson is one of those who regard the speculum as useless in the diagnosis of uterine displacements. But, you recollect the reasons which have led us to regard this statement as too sweeping, a point to the consideration of which we shall return in another place. It is a matter of regret that this paper neither furnishes details of the observations on which it is based, nor gives the date of the first application of the pessary it describes, the latter point being important as answering any questions concerning the priority of invention.

Thus M. Velpeau apprized us in his remarks before the Académie de Médecine (discussion of 1849) that he had some fifteen years before conceived the idea of sustaining the uterus by introducing into its cavity a stem supported by a half-disc of caoutchouc, which he turned sometimes in front and sometimes behind, according as he had a retroversion or an anteversion.*

As to Prof. Simpson—he employed, in the beginning, not a half-disc, but a complete disc, supporting a similar stem which he introduced into the uterus. This disc was maintained in the vagina like a common pessary. As its introduction was difficult and embarrassing, he at first caused a joint to be constructed at the junction of the stem with the disc, in order that the whole might penetrate more easily into the vagina.

Later he renounced this contrivance in favor of another instrument with which I will make you acquainted hereafter.† Although I have seen in an English Journal ("On Malposition of the Unimpregnated Uterus," &c., by Thomas Lightfoot; the Medical Times, Sept. 20th, 1851) a representation of a similar instrument attributed to M. Velpeau, I think no claim has been laid to its authorship by that professor, and that there has been some confusion in the mind of the writer of the article.

Following Dr. Simpson, many English and American physicians have given their attention to uterine displacements. I will only mention Drs. Protheroe Smith (Obstetric Record, p. 35), Beattie (Dublin Journal, 1847), Rigby (Med. Times, 1849), Samuel Edwards (Province. Med. and Surg. Jour., 1849), Bond (Amer. Jour. of Med. Sc., 1849), Mac Cready (Amer. Trans., 1849), Cumming (Edinb. Month. Jour., 1849), &c. These names will re-appear when we come to speak of the points which they have specially studied.

* The translator ventures to ask if it be not high time the maxim were generally adopted that, as far at least as the public is concerned, the *real inventor* is not he who first conceives the idea of a particular mechanism, or first undertakes experiments tending to its elaboration, but he who conducts such experiments to a successful issue, and gives the benefit of them to the world.

† M. Valleix (unless I err as to the instruments to which he refers) is somewhat mistaken in stating that Prof. Simpson has renounced the pessary above described. Dr. S. still uses it, as I know from personal observation, and, I think, employs it quite as often as the second instrument alluded to in the text.—TRANS.

You recollect the discussion which took place at the Académie de Médecine, on the occasion of a paper by M. Baud, "On Displacements and Engorgements of the Uterus and their means of cure." In this discussion were engaged MM. Velpeau, Huguier, Malgaigne, Dubois, Hervez de Chégoin, Amussat, Gibert, Moreau, Roux, Jobert, Récamiér, all authors who have attended with care to diseases of the uterus, and who, therefore, were qualified to elucidate the matter. Unfortunately, the question was badly stated, so that it is difficult to distinguish what place the author of the paper intended to assign to engorgements and what to displacements. The confusion in the language of the paper was re-produced in the discourses pronounced on this occasion. Since then, M. Huguier and M. Amussat have proposed special modes of treatment with which I shall make you acquainted in the course of these lessons.

Finally, we have lately had at the *Ecole de Paris* three theses on displacements of the uterus. The first is that of M. Dufraigne (*De la retroflexion*, thèse, Paris, 1851). It contains several cases from the wards of M. Huguier at the *Hopital Beaujon*. In the second, which we owe to M. Grimaud (*De l'anteverision de la matrice*, thèse, Paris, 1852), we have a discussion of the means employed by Prof. Simpson to replace the uterus, and the modifications to which we have subjected this instrument. Lastly, the third—that of M. Piachaud of Geneva, one of the most distinguished *internes* of the Paris Hospitals, was "defended" in the month of March of the present year. Its title is "Displacements of the unimpregnated uterus." After a well-described symptomatology, founded upon some cases reported with rigorous exactness, it contains details of treatment, and an explanation of the most recent modifications, which I have engrafted upon Dr. Simpson's method of remedying displacements, with a description of the apparatus which we daily employ.

To conclude, I will remind you that in 1851 and 1852 I inserted in the "*Bulletin de Thérapeutique*" two articles describing my modifications of Prof. Simpson's instruments, as well as of the manner of using the apparatus, and that Dr. Gaussail gave in the "*Journal de Médecine de Toulouse*" (1851) a very accurate and very excellent report of lectures delivered by me at l'*Hôtel Dieu de Toulouse*, and before the Société de Médecine of that city.

DR. KING'S ADDRESS ON QUACKERY—ITS CAUSES AND EFFECTS.

[Continued from page 215.]

I MUST notice another cause of complaint, although it is rather a delicate subject. I allude to the improper neighborhood interference with the sick. When a person is known to be confined by sickness, the neighbors generally turn out to visit him; sometimes from motives of benevolence, and often from mere curiosity. A few, perhaps, will find their way to the parlor, and others be seated in the kitchen. Each one is big with some sage advice, which she is very desirous to deliver herself of. One of the first inquiries is, who is the doctor? If a visiter has

herself employed some new quack, or seen his advertisement, she has a great curiosity to see his treatment tried, and therefore insists upon his being called; or if her favorite is already in attendance, she must assist him by some additional prescription of her own. Every visiter must prescribe something before she will leave the premises. She has seen just such cases before, or been in a similar condition herself, and can tell what, if anything, will cure. She must examine the medicine, and inform the patient whether it will agree or disagree with his constitution, and suggest the propriety of changing the treatment if it should not cure immediately. Every new visiter has some special advice to give, until the patient and his friends are bewildered and confounded; and unless they are people of intelligence and firmness, they are liable to be led astray. Aunt Betty and Aunt Thankful are such good neighbors, such constant visitors, so very kind, the patient and his friends would be very sorry to offend them. They will certainly be very angry if their advice is not immediately complied with. Therefore, to please these good creatures, the prescription of an experienced and skilful physician is thrown aside as soon as his back is turned, because Aunt Betty don't think it best for the patient to take such medicine, and because she knows of something better. If the patient dies, it is because the doctor knew nothing; and if he recovers, the neighbors cured him. Such measures are often carried on so slyly as to escape the notice of the attending physician, and when he supposes that he alone has charge of the patient, some officious nurse or neighbor is superintendent and prime manager, and disposes of his prescriptions and directions as she pleases; and when she pleases, turns him off for whom or what she prefers. This course of proceeding not only annoys and provokes the physician, but endangers the patient, and often renders abortive the best medical means. It degrades the physician to a level with the most ignorant adviser. This is a prolific fountain of mischief that seems destined never to dry up. Its bitter waters flow over this whole country, poisoning the public mind and quickening and nourishing the germs of quackery. Every new pretender is careful to get into the good graces and make sure of the services of some such satellites to herald his skill and proclaim his success. This is no small matter. It is a grave subject. The dishonor done to our profession and the evils inflicted upon society by such means, are incalculable. I allow that there are very few well-bred, refined, intelligent, considerate persons who are guilty of such conduct. I know that it is done mostly by a class of low, thoughtless persons, who instead of minding their own business, undertake the care of a whole neighborhood. I know that the most refined and discreet are the least apt to meddle in such matters; and this circumstance, instead of helping the matter, gives the whole business to a set of low gossips, who are always on hand wherever they are countenanced.

To guard against all such interference, the physician should always be careful to give all necessary directions as to food, drink, clothing and management of every kind, so that there may be no call for advice in any of these particulars. His directions should be given with authority, and at each returning visit he should be careful to see that every minutia

has been attended to. Every officious meddler should be kindly but firmly rebuked, and the family of the patient be made to understand that the directions of an attending physician are not to be countermanded with impunity. Let the separate provinces of the physician and the nurse be well defined; and if the latter is allowed to assume the duties of the former, the physician should not be contented to come in as a partner, but surrender the whole.

Another thing which does much to degrade the profession and embarrass its members, is the universal, indiscriminate and unlimited credit which attends the practice of many physicians. The compensation is so meagre and so tardy, that physicians as a class are poor, if we except those who have acquired property by other than professional means. Such ought not to be the case. Every well-educated physician has made a large investment of capital in his preparation for practice, and when his arduous, irksome and responsible duties are required, that capital and those services ought to afford him a fair and prompt remuneration. In general, there can be no good reason why the bills of physicians should not be settled as often and as readily as the bills of grocers, butchers or tailors; and such physicians as let their bills lie year after year, without presenting them for settlement, not only injure themselves, but disparage the profession generally. The public are not so much to blame in this particular, as those physicians who set such examples and adopt such practices; and as the fault is mainly our own, so the remedy is in our own hands. If physicians generally would set themselves to work to correct this crying evil, by endeavoring to make regular settlements, they would soon find themselves better off, their services held in higher estimation, and their patients better pleased. The physician may be sufficiently charitable and indulgent, and at the same time make all reasonable and seasonable collections; but if he gives the public to understand that he considers his services of little value, he will have no reason to complain if that public adopt the same opinion. Every practitioner should endeavor to make his services really valuable, to satisfy his employers that they are so, and demand a reasonable compensation for them. If he fails to do this, he is a poor physician. It is notorious that a considerable share of the business of most physicians is never paid for; and the public appear to think that it is the bounden duty of all physicians to go at every beck and call, regardless of compensation, and whoever refuses to do so is thought to be remiss in duty and unmerciful. This mistaken notion has existed so long that it seems to have become a settled principle in public opinion, and at this time probably more than one fourth of all the medical service done in New England is never paid for at all, and some practitioners never collect one half of their charges. Consequently many a practitioner, who has labored hard all his life, leaves his family with little more than a mass of unsettled accounts, which, had they been paid as they should have been, would have made a good estate. This condition of things is very wrong. Many who never pay their physician, pay all their other debts punctually; and those who are absolutely unable to pay, should be provided for by the public. Physicians are under no more legal or moral obliga-

tions to labor for nothing, than any other class of men; and this the public should be made distinctly to understand. With most other men, the evening of a well-spent life is rendered more comfortable by relaxation and retirement from business. The merchant or the mechanic often retires in independence, surrounded by all the comforts of life, to recline upon beds of down and enjoy that repose which the infinitities of declining years demand. Not so with the physician. The more eminent the man, the more urgent are the calls for his services. As his physical powers decline, his labors increase. Nothing but a total disability is sufficient to excuse him. And when his trembling limbs can no longer endure fatigues, watchings and privations, when he is literally worn out, he is given up and set at naught; and though he may "still live," he is soon forgotten. Once his smile gave hope, his sadness despair; now, "none is so poor to do him reverence." He descends to his grave unhonored and unwept. No matter how eminent or how important have been his services. No matter how many anxious days and sleepless nights he has endured in the cause of humanity. No matter how many years of unrewarded labor he has spent, standing between his patients and their last enemy. The winds of winter pass over him, and he is remembered no more. Not so with clergymen and statesmen. They are venerated in life and eulogized in death; some friendly angel records their merits in gold, and they are embalmed in history.

I know that it is much easier to complain of evils than to find remedies for them; and I know, also, that there are many evils which inevitably attend the profession of medicine, that no human efforts can remove. Yet there are some others which may be partially or entirely cured. It is vain to think of putting down quackery by declaring open war against it. If you attempt to overthrow it by reasoning, you will find your arguments wasted. If you attack it with invectives and sarcasm, you help to build it up by creating a sympathy for its authors. But leave the vile miscreants in their own filthiness, and take care to improve, unite and build up an educated profession, and the work is half accomplished. Nothing short of this can do it; all other efforts are impotent.

Much would be gained by taking measures to mark more strongly and distinctly the line of separation between physicians and quacks, by showing the world the wide distance between a class of educated and honorable men, and a set of ignorant pretenders. And for this purpose, every qualified physician should become a member of some regular medical society. This should be considered an indispensable measure, which the interest and honor of the profession and the safety of society imperiously demand; and whoever, after sufficient opportunity, refuses or neglects to do so, should be considered guilty of a dereliction of duty. I am aware that there are at the present time some good practitioners who, owing to their own carelessness, or their remote location, or some personal pique against some particular member, have neglected to unite with the regular society. All such should be kindly invited to come in. On the one hand, medical schools and medical societies should cautiously guard against the admission of incompetent or unworthy members, and on no account allow their established rules to be set aside to

accommodate particular cases; and on the other hand, all proper efforts should be made to bring in every worthy practitioner. The barrier that separates scientific medicine from ignorance and imposture, should be high as the mountains and firm as adamant. It should be apparent to all observers, that there was nothing without, worthy of notice. When an individual assumes the high and responsible station of physician, and receives his professional honors, he takes upon himself obligations to the profession and to society; he tacitly engages to regard the welfare of both. It is said that Hippocrates required all those whom he instructed, first to take a solemn oath, the principal obligations of which were to be faithful to the sick and sustain unblemished the honor of the profession. The substance of that oath should be had in perpetual recognition. Every physician should be conscious that he is not living for himself alone, but for his profession and for society.

There is a class of practitioners, most of them elderly men, who appear to suppose that they have no other obligations than those which begin and end with themselves. Each pursues his own independent course, having very little to do with either medical men or medical books. Their practice is fixed. It always was and always will be about the same thing. They are too wise to learn, and too old to be taught new tricks. And these are the men who make the loudest and most doleful outcries against quacks and quackery. Everything which disturbs the even tenor of their way is sure to receive their unqualified denunciation. Now of all men these have the least reason to complain of quackery. They are its very founders and supporters. Through their means it has sprung up and been sustained, and they are in a measure responsible for the whole of it. For it was to avoid them that men had recourse to quack remedies. A whole community shudders at the contemplation of a Dr. Jalap, and to escape his clutches they fly to Dr. Saccharum, or anything else. If the thing ended here, it might be of little consequence. But it is not so. Men of this stamp are taken for samples of the regular practice. This is called the old mineral system, and everything, except some nice new quackery, is supposed to be of the same sort. But this is a mistake. Those who suppose that there are few or no improvements making in scientific medicine, at the present time, and those who suppose that every new scheme is a real improvement, are alike mistaken. Within the last half century, medicine has certainly undergone greater improvements than any other profession. A vast amount of severe labor has been bestowed upon it, both in this country and Europe. Old theories have been corrected or exploded by physiological and pathological investigations. New remedies have been discovered, and the treatment of diseases has been changed from a heroic practice to one milder, safer and more pleasant, and I think more successful. Whoever has been in practice for the last twenty years, and has not been borne along by this tide of improvement, and made wiser and better thereby, is certainly in the back ground and far behind the times. He has neglected his duty to himself, to his profession and to society, and if the public leave him where he has left himself, he will have no right to complain. Every supposed improve-

ment, from whatever source it may have originated, has been examined and tested, and either registered and treasured up as valuable, or discarded as worthless; so that the public may be well assured that whatever is ultimately rejected by the profession, is not worth retaining, and whoever pretends to possess any important medical knowledge that is not taught in our regular medical schools, or cannot be learned from our publications, is himself an impostor.

[To be concluded next week.]

EXPERIMENTS TO DETERMINE THE TRUTH OF MARSHALL HALL'S THEORY RESPECTING EPILEPSY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Some time ago, I read in the New York Medical Times an extract from a letter of Dr. Marshall Hall upon the induction of simulative epilepsy of the laryngeal kind, with strychnine, and its suspension by tracheotomy. I at once determined to try the experiment upon at least ten goats. Accordingly I engaged several, having a few myself, and I herewith send you the result of the first experiment, which was made to-day. From the notes, you will see there was a failure to produce the results of Dr. Hall; but nevertheless, I conceive his position plausible, and this experiment not a fair one; consequently I shall continue the series, and keep you informed of the issue. I selected the goat for the experiments, from the fact, that in point of intelligence it approaches man as near as any of the animal tribe. I intend to institute a still further series of investigations in *transfusion, neurology, poisoning, &c.*, of which I shall keep my brethren duly and fairly informed.

March 30th, 1853.—Present, Dr. Griffin. A young male goat, in fine health, was placed in the enclosure, and one eighth of a grain of pure and tested strychnine given him, at precisely 15 minutes before 9, A.M. In 10 minutes after the dose, evident signs of venereal excitement presented themselves. At 9 o'clock some cough supervened, with twitching of the muscles of the neck, and a tendency to run back. At 5 minutes past 9, he looked dejected, with twitching of the muscles of the neck and limbs. At 15 minutes after 9, the goat not being further affected, we gave him one eighth of a grain more of the strychnine. At 30 minutes after 9, the *priapism and tendency to run backwards were on the increase slightly*. At 45 after 9, no further increase being made, we gave him one fourth of a grain more. At this juncture he leaped through a crack in the pen, and ran off into the barley lot, very intent at grazing. The *priapism increased* in a few minutes, but the twitching was not so evident. At 55 minutes after 9, he was still grazing heartily, as if the strychnine had given him a relish for *burley*; *priapism yet up*. At 20 minutes after 10, he had ate heartily, and the twitching had subsided. We haltered him and gave him one half of a grain of strychnine, and placed him in the enclosure again. In five minutes extreme *priapism and urination* appeared, with faint twitching. At 40 minutes after 10, we left him, and returned to the enclosure at 30 minutes past

11, when we found him lying very calmly and quietly in the corner of the pen, chewing his cud. At our approach he sloped through a large hole and made his escape, bidding defiance to us and our strychnine. At 1, P.M., we caught him and gave him another dose of strychnine, a full grain. He jumped off in the barley patch again, and while I close this article (4, P.M.), he is enjoying a delightful repast upon his vernal pasturage.

The only thing I have discovered in this trial, is the evident production of *venereal excitement—priapism*, with small muscular twitchings. That the strychnine was good, I have abundant evidence in the number of crows I have poisoned with it, and also the dead rats I have thrown out of my office this morning. But notwithstanding this failure, I have not a doubt but Dr. Hall is correct, and I shall try the experiment again and again.

Respectfully, H. A. RAMSAY, M.D.

Thompson, Geo., March 30, 1853.

THROAT INSTRUMENTS—THE LONDON LANCET.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Our English progenitors on the other side the water, taken individually, I have ever regarded as the most high-minded and honorable race of men to be found; and a well-bred English physician I have supposed incapable of any other than the exactest propriety in his intercourse with his brethren at home or abroad. In reading a brief editorial in the last London Lancet, I am pained to feel that this favorable judgment may have been too universally applied.

Under the head of "new inventions," the editors speak of various instruments for making topical applications to the throat. They first introduce and describe Dr. Horace Green's spatula and probang, which they say was manufactured for them, under Dr. Green's personal inspection (while in London we presume) by Mr. Coxeter."

They next introduce "Dr. Ira Warren's shower syringes, three in number, very neatly made, and contained in a neat case," which they describe with tolerable correctness, but they object that in their hands they are not "easily applicable in practice." "In fact," they say, "the safety of the glass syringe and the piston can only be secured by the use of both hands (!)—of which one is required for holding down the tongue."

After alluding to one or two other syringes which appear to be of little account, as they do not describe them, they say—

"Mr. Coxeter's laryngeal shower syringe [Mr. Coxeter, the reader will see from the second paragraph, is the editors' manufacturer] is by far the most convenient form in which a syringe can be used for these applications to the interior of the throat and the posterior nares. It consists of a seamless tube, composed of silver, not unlike that of a medium-sized catheter. It is curved in a form suitable to its intended uses. The distal extremity is somewhat flattened from side to side, and is perforated by fine openings, which admit of the emission of the contained

fluid in the form of a delicate shower. The proximal extremity is fitted with an elastic suction-bottle, which, by its own action, charges the instrument with the fluid, which is then emitted by simply compressing the bottle with the thumb. Rings are attached for holding the little instrument, and an ingenious arrangement is made, by which the quantity of fluid ejected can be accurately regulated. The inventor says this shower syringe possesses the advantage of applying gently, and without friction, to an irritable surface, the remedial agent intended to be employed. It does this more generally and uniformly than the sponge, and is entirely free from the risk to which the latter, in becoming detached from the whalebone, is liable. Our experience in the use of the instrument entirely corresponds with this favorable report of the inventor."

If you had never before heard of either of these syringes, Mr. Editor, you could not infer from the above that one of them had any claim to paternity of the other, or was in any sense more entitled to consideration except on the ground of its better adaptation to the end proposed. You would not know, from the article in the *Lancet*, Dr. Ira Warren's residence, or even that he was an American. You will be surprised to learn, therefore, that about the first of August, 1852, I put a neat set of my shower syringes into a package, with one of my tonsil instruments, and sent them as a present to the editors of the London Lancet, accompanied by a brief note, expressed in as civil terms as I could employ, asking them to accept my small offering to the profession in England; and if they deemed the instruments of any value, to make them known. Seven months have passed, and no private note has acknowledged their reception. In the meantime, it seems, the syringes have been put into the hands of Mr. Coxeter, their manufacturer, who has made one *on the same principle*, merely adding an India-rubber bag to it, and nearly spoiling it, as the reader will soon see, by his attempted improvements. The editors then call him the "*inventor*"! saying nothing about his having stolen it from me, or the manner in which they had abused private confidence in helping him do it.

Had these gentlemen noticed my instruments on their reception—commending to such extent as they thought proper, and objecting as their judgment dictated; had they then waited till Mr. Coxeter had made his alterations, and on their completion announced that he had attempted, and, in their judgment, effected a real *improvement* on my instrument; however easily their criticisms might have been set aside, no objection could have been raised to their proceeding, much less could any impeachment have been brought against their motives. But to withhold my invention seven months from the profession in England, and then to announce it simultaneously with Mr. Coxeter's instrument, as if they were two rival claimants, seeking, on equal terms, professional favor, was a proceeding very like concerted fraud, based on a violation of private confidence.

Let us now look at the two instruments. The only objection raised against mine is, that the glass barrel and piston are not safe with those editors, unless they use both hands! I don't know how they would

manage to break the glass. Would they dash it against the teeth of the patient? They could not, for it is not the glass syringe, but the silver tube only, which enters the mouth. Would they crush the barrel between their fingers? I doubt their ability to do it if they would, and cannot conceive a good motive for it if they could. Would they drop it in the act of using it? I think not, unless it burned them. During the last three years I have used these syringes about nine thousand times, always with one hand, depressing the tongue with the other, and have never broken a piston or a barrel. I employ them with the same ease that I do a spoon in feeding myself, and should as soon think of applying both hands to the one as to the other. I have found no American physician who could not use them readily with one hand.

The rings which Mr. Coxeter has attached to his instrument are not original, having been long used on aural and other syringes. They would have been attached to my syringes, but that they would have increased the expense, while the instruments are quite as easily used without them.

The distal extremity of Mr. Coxeter's instrument is flattened from side to side. If the globe is retained and flattened, any mechanic can see in a moment that it cannot be as easily insinuated into the larynx as a perfect sphere. Moreover, in withdrawing it, the various projecting parts of the throat would catch upon its shoulders, and slide off with less facility than from a globe. If the sphere is wholly removed, as the cut in the *Lancet* seems to indicate, then the point is too sharp, and no prudent physician would risk the chances of wounding the throat by its use. In any view of the case, there seems to be no better reason for the alteration than the desire to *appear* to furnish a new instrument, while in fact it is only mine a little altered for the worse in shape.

As to the rubber bottle at the other end, it is wholly unfit for the purpose intended. Its self-acting mode of charging the instrument is alone sufficient to condemn it. No sportsman who intends to bring down his game, would think of charging his piece by some self-acting machine, which would be liable to draw in twice as much, or twice as little, powder as he desired. In brief, no prudent man needlessly puts anything beyond his control, which needs to be done accurately. Moreover, the rubber bag, by the action of acids, &c., would necessarily soon become intolerably foul; and no person of cleanly habits would permit a fluid to be injected from it into the throat.

I have spoken freely, for I confess to a feeling of indignation. Men who stand, like the editors of the *Lancet*, at the portals of professional opinion, should be men of large and liberal souls, who are disposed to give any new thought or instrument that comes to them, clear papers of "safe conduct," to travel anywhere—to fame or to oblivion, without improper molestation, and especially without a *seven months' imprisonment*.

The truth is—and there are times when it should be told—that in the construction of ships and boats, locomotives, farming implements, several kinds of machinery, surgical instruments, &c., the Americans are far in advance of the English. While it is clear that the latter are slow to

acknowledge this, I did not suppose any respectable Englishman would resort to anything unfair or deceptive, with a view to appropriate what belongs on this side the water.

I. WARREN.

Boston, April 13, 1853.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 20, 1853.

Female Hygiene.—E. J. Tilt, M.D., of London, a good writer, whose views and teachings are of the first class, has favored the world with a book of 436 pages, under the comprehensive title of "Elements of Health and Principles of Female Hygiene." Dr. Tilt says it is intended to supply a desideratum. The health and diseases of man are as familiar topics as the stars, but no one has distinctly written on the constitution of woman and her peculiar diseases, in the manner in which he has done it. He has the ground, therefore, to himself. We cannot perceive that there is much in the work that is not known to physicians; but there is enough in it quite new to the ladies, and sufficiently divested of scientific display to be understood by them to their advantage. Multitudes of females entertain the opinion that their own physical organization is a secret with themselves. They do not know that science has brought it within the domain of investigation. Those best informed, however, express their surprise at the amount of information collected, explanatory of their bodily construction, yet still insisting upon it, that no one but a woman can comprehend the physiological laws that govern their being. If they will put themselves in communication with the physiological researches which have been made in this matter, they will comprehend their own ignorance, and acknowledge their obligations to the profound investigations of medical men. On the subject of marriage, Dr. Tilt conveys an amount of information that will be found of great importance to women. He shows why old men should not be united to young girls, and the reasons, too, for objecting to other matrimonial connections. But besides the discussion of topics relating to the marital relations of woman, the diseases to which she is incident, and by which her thread of life is so often prematurely broken or her sufferings protracted, are faithfully described. This treatise is for the instruction of females rather than of the sterner sex; yet it may prove serviceable to the medical practitioner, not so much from its minuteness in describing symptoms, as for the scheme of generalization which pervades its pages.

Legitimate Medicine and the Massachusetts Medical Society.—Report says that a paper is about receiving the names of petitioners, to the Mass. Medical Society, requesting the adoption of measures by which the homœopathic members of the society shall be excluded from the same; and if such measures are not adopted, then it is stated the memorialists will themselves sever their connection with the society. Perhaps rumor may have exaggerated the determination of the dissatisfied; but that something is contemplated, of a decisive character, in relation to the homœopaths in our state society, is generally credited. Should a strong demonstration be

made to thrust them out, it is impossible to divine the condition in which all parties will find themselves when the smoke of party feeling clears up. Several estimable, highly-educated young physicians, who have complied with every demand of the University, and studied under the best masters of medicine, have abandoned every precept and principle recognized in the schools, and turned homœopathic practitioners. What is to be their destiny? Are they empirics, irregular practitioners in every sense, and therefore justly denounced by those with whom they formerly associated? This, and similar questions, will naturally arise, and they must be met without equivocation.

Organic and Physiological Chemistry.—Daniel Breed, M.D., of the U. S. Patent Office, is the translator of Dr. Carl Löwig's *Principles of Organic and Physiological Chemistry*, which will be appreciated by all who cultivate that grand department of science. It is intended for a text-book—containing not only all the old discoveries, but also all the new facts, says the preface, relating to the animal and vegetable kingdoms. Dr. Draper, of New York, would never have allowed it to be dedicated to himself, did he not entertain a favorable opinion of the work. We cannot at present do much more than announce its appearance. The Messrs. Hart, late Carey & Hart, of Philadelphia, are the publishers. The volume is a good sized octavo, of 481 pages. There is a strict technicality about it, that will suit advanced students. For mere popular study, it seems not to have been intended by the author. Profound research and deep learning pervade every page throughout.

Principles of Botany.—"The Principles of Botany, as exemplified in the Cryptogamia," by Hartland Coultas, is a little book, but treating of important subjects. Part first treats of the simple elementary organs of plants; the second is devoted to compound—and both are illustrated by diagrams. Any body might understand the elements of the science with this economical and plain assistant. A general mistake pervades text-books, the authors proceeding as though the pupil was as perfectly familiar with all the terms and propositions, as themselves. In this modest duodecimo, learning is truly made easy. Messrs. Lindsay & Blakiston are the publishers.

Colonial Medical Degrees.—There is an uproar among the brotherhood in Canada. The Legislature have been trying to accommodate one party, but have offended the other. They have law, but no order. A special committee, to whom was referred a bill to amend the laws relative to the practice of physic, surgery and midwifery in Lower Canada, reported. But the commotion has not been allayed. A. Hall, M.D., an able, learned member of the faculty in McGill College, has come forward with a pamphlet, addressed to the Colonial Parliament, in which he pleads with the fervency of an experienced advocate for the rights and dignity of the profession. Notwithstanding the admission that Englishmen have an inalienable right to die in any manner they please, Dr. Hall insists that the Legislature are obligated to consider the good of the whole. In other words, quacks ought not to be tolerated, even if there is a minority of fools willing to employ them. It has been found impossible thus to regulate medical practice by law in Massachusetts; and in the Canadas, it is morally certain

that no act of parliament, abridging the privilege of the people in taking pretended remedies from irresponsible persons, can long be enforced. In marriage and medicine, the law is powerless beyond a certain point.

Medical Advertising.—Various matters connected with this subject are receiving increased attention at the present time. Last week a few of the reasons were alluded to, which have induced medical gentlemen, in respectable standing, to relieve themselves of the embarrassments imposed by regulations which define all advertising to be quackery. The evasions of these regulations are certainly numerous, and often ingenious, and are practised in conformity with a supposed inalienable right of introducing themselves to the public. Every order of tradesmen, merchant and mechanic, state openly in the papers what they can do, as well as what they have to sell. If nothing improbable is promised, nothing held forth that is not strictly just towards others, such notices are considered proper and are a convenience to the individuals and the public. Those in want of the personal service or wares of the advertiser, go where the service or commodity is to be had. A severe attack in the N. York Medical Gazette, on one or two Boston physicians, who are accused of having openly violated, in their advertising cards, the common code of observances recognized by an educated profession, seems to have put a new train of thoughts in motion. It will not be denied that those practising and advertising specialties have a great advantage over those who are in general practice and therefore have no standing advertisements in the daily papers or periodicals. Were a general practitioner to keep a similar notification in type, saying that he practised in cases of diseased liver—that he had given unusual attention to the treatment of typhus fever, the croup, scarlatina, &c., or the whole of them, he would be expelled from his connection with any regular medical association of which he might be a member. On the other hand, if a gentleman advertises that he is practising exclusively on the eye, the ear, throat, or confines himself especially to dropsics, not a word of reproof follows. Here is a difference which does not seem reasonable, and gives cause for complaint. A suggestion worth turning over in the mind, has been presented from a source that commands respect—although we by no means consider it a weighty argument. It is, that empirics make their fortunes by this very plan which is forbidden to the regular physician. One thing is certain—viz., that no progress is allowed in this direction. While all other interests in the world are being modified by the circumstances of the age—no deviation from the perpendicular legislation of the founders of medical fraternities, has been tolerated. If any one will have the kindness to propose a scheme to obviate the difficulties of the case, for the purpose of allaying an incipient storm, the profession might be benefited.

The "Old School" of Medicine.—Those the least qualified to speak understandingly upon medical systems, are exceedingly flippant on the subject of reform. They anathematize the "old school," as it is called, without knowing any thing of its character. And what has the "new school" accomplished? Without including all who may claim a place in this class, it may be said of some of them, that although they were wholly unknown before they commenced selling cayenne by the drachm, instead of eating it on their corned beef, they are stirring up the elements prodigious.

giously. With them the world is not only going wrong, but it may come to a positive stand-still if medical science is suffered to be taught in peace to respectable pupils. Breaking down and uprooting institutions which teach doctrines they cannot comprehend, is considered progression; while the huddling together of a few ambitious spirits, determined to rise on the ruin of their superiors rather than not rise at all, is called an effort at reformation. When any course of instruction for the education of physicians can be proposed, superior to the one generally adopted, there will be a willingness among physicians to receive it; but innovation and novelty are not always considered by them as real reforms.

Burlington (Vt.) Medical School.—A medical department of the University of Vermont was formerly in operation, but for causes best known to the corporation has been suspended for some years. By the following editorial announcement in the Montpelier Watchman and State Journal, it appears that the school of medicine has been revived.

"The Medical Department in this institution has been revived, and in the list of lecturers appointed we observe the names of Dr. Orren Smith of Montpelier, and Dr. S. W. Thayer of Northfield."

There will now be three medical institutions in Vermont, authorized to confer medical degrees. Whether a multiplication of these colleges in that State is desirable or beneficial, are questions that may hereafter be agitated.

Medical Miscellany.—At St. Jago, the yellow fever still sweeps its victims off with fearful rapidity. At Rio Janeiro it seems to be in perpetual activity, and by the latest advices the mortality was very severe.—A woman in Dutton, N. H., we see by the papers, gave birth to four sons at a single birth, who are all doing well.—A "medium" being lately consulted as to the character of the disease of which a person had died, spelled out *consumption*; but it turned out that he was blown up in a steamboat.—On board the steamer Blue Wing, on the Kentucky river, lately, was a mother and 12 children—8 pair of twins—from Washington county, Kentucky. She, together with her family, are about to settle in Indiana. She has been married but seven years, and is now the mother of twelve live children.—Affections of the lungs and neuralgic pains are very common at the north at present.—Mr. Wilson of Keene, N. H. is constantly improving his spinal apparatus—the finish of which is beautiful.—Dr. M. Clymer, (formerly of Philadelphia), has resigned the Chair of Institutes and Practice of Medicine in the University of New York. Dr. John A. Swett has been appointed to succeed him.

DIED.—At Danvers, Mass., Dr. Joseph Shed, 70.—At Millstone, N. J., William D. McKissack, M.D., *et. 60.*—In Goldsboro', N. C., Samuel A. Andrews, M. D., *et. 56.*

Deaths in Boston for the week ending Saturday noon, April 16th, 74. Males, 38—females, 36. Accident, 1—apoplexy, 1—burns and scalds, 2—congestion of the brain, 4—consumption, 14—convulsions, 2—croup, 3—dropsy, 1—dropsy in the head, 6—infantile diseases, 9—puerperal, 1—typhus fever, 1—scarlet fever, 7—hemorrhage, 1—hooping cough, 2—intemperance, 2—inflammation of the lungs, 6—disease of the liver, 2—marasmus, 2—mortification, 1—old age, 1—palsy, 2—pleurisy, 1—scrofula, 1—worms, 1.

Under 5 years, 30—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 9—over 60 years, 5. Born in the United States, 56—Ireland, 16—England, 2. The above includes 5 deaths in the city institutions.

Medical Science.—Those who look upon medicine as an art, whose armamentarium consists solely in the drugs and chemicals of the Pharmacopœia, take but a narrow and imperfect view of the scope and objects of a science, which, rightly considered, takes cognizance of the entire apparatus of nature in its manifold relations to the health of mankind. Of what insignificant moment is the drug which the physician prescribes for an exceptional occasion of manifest disease, compared with those agents, water, air, and the elements of food, derived from the animal kingdoms, whose influence is daily and hourly acting upon the human frame! In the sense in which we understand the term medicine, and in which it has always been presented in this journal, Medicine includes Hygiene. Could we for a moment admit that the art we profess was only concerned with the cure or treatment of those obvious deviations from health which the pathologist describes, and did not embrace the wider subject of investigating the means of preserving health and ameliorating the physical condition of our fellow-creatures, then indeed we might contrast Hygiene and Medicine; we might view them as almost distinct sciences; we might, as some have done, whose limited vision is circumscribed within the contracted circle of their daily practice, restrict our attention to the relative merits of precipitated or sublimated brimstone, to the neglect of those universal agents which are constantly operating upon the health of millions.—*London Lancet.*

Cholera.—At last we are about to be rid of that scourge of the four quarters of the globe—the Cholera; it has, we would fain believe, accomplished its work of death; fulfilled its mission, under Providence, and departed from among us. In no part of the United States does it prevail to any extent; it has spent its force—dried up the fountains of life in millions of subjects—swelled the bosom of the earth with its victims—made desolate the hearts and households of thousands of families, and gone forth to other climes—to other regions, to renew the contest for life or death with the sons and daughters of mortality. Cholera! its mere name sends a thrill of horror to the heart of the brave as well as the timid; to many it will convey sad recollections and heart-rending reminiscences, of friends, relatives and kindred, who were cut off from earth by the Great Destroyer. But why pursue the subject? Let the past be forgotten.

Quis talia fando * temperet à lachrymis?*

** * * animus meminisse horret, luctuque refugit?*

We trust we have seen the last of this scourge; let us hope that it has departed from us forever!—*New Orleans Med. and Surg. Journal.*

Decease of Professor Horner.—We are pained to announce the death of the distinguished anatomist, Dr. Wm. E. Horner. He died of disease of heart. Dr. Horner held the chair of anatomy in the University of Pennsylvania, for nearly, if not quite a quarter of a century. His works on anatomy have long been recognized as standard text-books in that department of science. In his early professional life he was connected with the army, and served, during the last war with Great Britain, on the Niagara frontier. Some interesting reminiscences of this period of army service, from his pen, have lately appeared in the Philadelphia Medical Examiner. In his decease science loses one of its most distinguished votaries; but his justly earned reputation, and many excellencies, still remain to confer honor on the American medical profession.—*Buffalo Medical Journal.*